each in	1. PLACE OF BIRTH	ARIZONA STATE BOARD BUREAU OF VITAL STA STANDARD CERTIFICATE	TISTICS .	State File No Local Registrar's No	137
۱۱۹	County HO	State	,		
иппрег	District or Township	or Villag	(e		
2	- Adamsolin	3 7	4.	01	Ward
ţ	(1) birth occurred a populal or postintion, give its NAME instead of street and number				
is a	2. Full name of child	de faul Mi	uncy	If child is not yet supplemental report	
	3. Sex of Child To be answered ONL)	4. Twin, triplet or other	6. Legitimate?	7. Date 11/40 11	N2 na
Rt.	in eyent of plural		0,	of billion very	17 /
S for	Multi births.	5 No., in order of birth	- fla	Month Day	,Year
~ -	s FATHER	ecust Mil	/ N.	MOTHER A	
. WH	Full name (aud t	with Mulkin	paiden freedy	anch lan	ui 🖟
2	9. Residence		Residence		
A H	(Usual place of worth		(Usual place of	ouzolla	
S E	If non-resident, give place and state.	1	f non-resident, give	place and state.	
RETURN Irth stated.	10 Color or race	16, 0	Color or raff	<u> </u>	
114	12/14	23	dutti.		92.
2 5	11. Age at	last birthday (Years)	1000	17. Ag at last birthday	(Years)
22.2	12. Birthplace (city or place)	18.	Birthplace (city or	plenen	5
B	(State or country) Mus	source.	(State or country)	INKRU SA	ke
SE	(1)		20		1
. F 🙏	13. Occupation Alleg La	or Cultare	Occupation	our 14	Ga .
H T	Nature of industry		Nature of industry	• /	<i>-</i>
£ #	20. Number of children of this mother	(a) Born slive and no		21. Were precautions take	en against onh-
1 4	(Taken as of time of birth of child here	(4) 70 15 1	w dead 0	thaimin neonatorum?	
i i	certified and including this child.)	(c) aditions		gen	
ano m	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
	I hereby certify that I attended the hirth of this child, who was (Born alive)				
人	*When there was no attending physici	an) Signature (MA	west.	yeures	mr.
910	or midwife, then the father, household otc., should make this return. A stillbo				
, E	child is one that neither breathes neither shows other evidence of life after bir	ih.)		/ (Physician of m	duite)
2	Given name added from	Address	20	yalw, lle	cours.
8	Month, day, year				
Ī		Filed 21)av	1 1929	67/9/1/1	coll
ă,	Registra	, , , , ,	/	9/	Registrar
<i>7</i> 4 .	348-304	-4-59			
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